

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | | SERIAL NO. | FILING DATE |
|--------------|----------|------|---------------------|------|---------------------|------|--------------|-------------------------------|
| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. DEP. IND. DEP. IND. DEP. |
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| TOTAL IND. | | | | | | | TOTAL IND. | |
| TOTAL DEP. | | | | | | | TOTAL DEP. | |
| TOTAL CLAIMS | | | | | | | TOTAL CLAIMS | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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| CLAIMS ONLY | | | | | | | SERIAL NO. | FILED DATE | | | | | |
|--------------|----------|------|---------------------|------|---------------------|------|--------------|------------|------|------|------|------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | ☆ | | ☆ | | ☆ | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 12 | | | | | | TOTAL IND. | | | | | | |
| TOTAL DEP. | 99 | | | | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | 111 | | | | | | TOTAL CLAIMS | | | | | | |

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